



# ORDERS

Travel Line of Accounting (LOA)/Standard Document Number (SDN) must be on Orders in order to process claim.

Original Orders

USMC WEB ORDERS

NAVMC 11060

## ORIGINAL ORDERS



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION  
PARRIS ISLAND, SC 29905

IN REPLY REFER TO  
1320  
RAC  
12 Nov 13

From: Commanding General, [REDACTED]  
To: Private [REDACTED]

Subj: RECRUIT TRANSFER

1. Delivered. Effective 1100, 13 December 2013, you will stand detached from your present station and duties and are directed to report by 1300, 24 December 2013, to the Commanding Officer (CO), School of Infantry (SOI), Camp Geiger Bldg #6644, MCB, Camp Lejeune, NC 28542 (MCC JA4) for TEMINS. Your dependents and privately owned vehicles are not authorized at this temporary duty station.

2. You will notify the CO, SOI of your new duty station of any changes to your address. Any request for leave extensions will be made to the CO, ephonically. During working hours contact (910) 449-0441/2/3 or after hours, weekends and holidays contact (910) 449-0179.

are directed to submit your orders to the disbursing officer within working days after completion of travel to settle travel expenses.

all listed transportation account code (TAC) Standard Document Numbers applicable to this order due to tour length and location. Please refer appropriate transportation orders for the application entitlements.

Travel and Per Diem:

SDN: M7000214CTA16Y7 LOA: 1741105.2750 217 41690 067443 2D 000000 000000000000

CIC: 67000214CTA16Y7

House Hold Goods:

SDN: M7000114CB0M7C4 LOA: 1741105.2750 220 41690 067443 2D 000000 M7C400000000

*L. E. Reynolds*  
L. E. REYNOLDS  
Commanding General

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## USMC WEB ORDERS

### PERSONAL ORDERS INFORMATION

NAME: [REDACTED]  
RANK: [REDACTED]  
SSN: [REDACTED]  
FMS: [REDACTED]  
FUTURE MCC: [REDACTED]  
ESTIMATED DATE OF DEPARTURE: [REDACTED]  
ESTIMATED DATE OF ARRIVAL: [REDACTED]  
ISSUED DATE: [REDACTED]  
PRESENT MCC: [REDACTED]  
PRESENT MCC DESCRIPTION: [REDACTED]

### MCTFS TRANSACTION INFORMATION

TRANSACTION DATE: 30/09/14 2:05:00 PM

TRANSACTION TYPE: 010

PCS CONUS TO CONUS (DIFOP) 1. DIR SNO RPT NLT 25 JUL 2014 TO CO MCG 26 20MAY NEW RIVER NC (MCC LK3). DUTY IN FLYING STATUS INVOLVING OPERATIONAL FLIGHTS (DIFOP). 2. INCLUDE IN ORDERS ISSUED: EXECUTION OF THESE ORDERS INCURS A TWO-YEAR SERVICE OBLIGATION UPON ARRIVAL AT GAINING COMMAND. REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MARINE CORPS ORDER P1900.16 3. DELAY AUTHORIZED IAW MCO P1900.3 PAR 2009. CURRENT EDITIONS OF MCO P1900.16 PAR 4400, MCO P1900.22 AND MCO P1900.3 APPLY. 4. TR CHAP 3 APPLIES. 4. MARINES ARE ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME AND TRANSFER ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEBSITE AT WWW.TRICARE.MIL/ENROLLMENT.

MARINE CORPS ACTIVE DUTY PERMANENT CHANGE OF STATION (PCS) ORDERS HAVE BEEN ASSIGNED A STANDARD DOCUMENT NUMBER (SDN). CUSTOMER IDENTIFICATION CODE (CIC) AND LINES OF ACCOUNTING CONTAINING FISCAL YEAR, CDS ASSOCIATED TO THIS ORDER IS TO BE RECORDED AND TRACKED UTILIZING THE SDN, CIC AND LGA'S ASSIGNED.

### CUSTOMER IDENTIFICATION CODE

ETITLE014C1B1WAC														
TITLE	TAC	ACRN	DC	FY	APPN	SUBH	OSC	RCN	SA	AAA	TTC	PAA	COST CODE	SDN
HWS	M854	AA	17	4	1105	2750	220	41690	067443	2D	000000	M50400000000	M7000114CB0M854	
ITGBL Trans	M854	AA												
Mobile Home	M854	AA												
Non Temp Storage	M854	AA	17	4	1105	2750	220	41690	067443	2D	000000	M82400000000	M7000114CB0M824	
POV Storage	M854	AA												
POV Storage	M854	AA												
Travel	M854	AA	17	4	1105	2750	217	41690	067443	2D	000000	0000000000000000	M700014C1B1TWAC	
Unaccompanied Baggage	M854	AA												

Travel Management Officers should refer to Marine Corps Bulletin 4610 for the assignment of the appropriate Transportation Account Code (TAC) and Marine Corps Bulletin 4631 when arranging transportation for the movement of personnel.

\*\*\* End of Orders \*\*\*

### SEPARATION/TRAVEL PAY CERTIFICATE

NAME: 11060 (REV 10-11) (Previous editions will not be used)

REV: 2106-CP-045-0700 S/N: 7436 OF 100

DTMS Document ID: [REDACTED]

UNIT: [REDACTED]		DATE: 20140716					
NAME (Last, First, Middle Initial): [REDACTED]	RANK: [REDACTED]	SSN: [REDACTED]					
SGT	EDIP: [REDACTED]	20060605					
ACTIVE FOR SEPARATION AND PROGRAM ASSIGNMENT CODE: KBK1 - COMPLETION OF REQUIRED ACTIVE SERVICE 20140714		EFFECTIVE DATE OF SEPARATION FROM ACTIVE DUTY: [REDACTED]					
REASON: <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> TRANSFER TO FMCS <input type="checkbox"/> TRANSFER TO TOL/POL							
TYPE OF DISCHARGE: <input checked="" type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE							
REASON FOR SEPARATION: [REDACTED] (FROM ORDERED TO ACTIVE DUTY)							
PAY INFORMATION							
RECOGNITION BONUS: <input type="checkbox"/> YES <input type="checkbox"/> NO AUCUPP REINSTATEMENT BONUS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>							
COM PAY: <input type="checkbox"/> POL <input type="checkbox"/> MAF ACTIVE SERVICE: _____ YEARS _____ MONTHS							
FAC: _____ READJUSTMENT PAY: _____							
SEVERANCE PAY: <input type="checkbox"/> YES <input type="checkbox"/> NO ACTIVE SERVICE: _____ YEARS _____ MONTHS							
RECENT MOBILIZATION RESERVE ABSENCE (PMSA) FROM (LINE AND DATE): _____							
DATE: _____							
<input checked="" type="checkbox"/> LEAVE SEPARATION (NUMBER OF DAYS 25.0) FROM (TIME AND DATE) 1201 20/40019							
DATE: 2309 20/40014							
<input type="checkbox"/> IF NAVY RELIEF SOCIETY LOAN: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO							
<input type="checkbox"/> IF SELLING BACK 40.0 DAYS OF LEAVE, MGR LOST 14 DAYS OF LEAVE							
ACCOUNTING/APPROPRIATION DATA - ACCOUNTING CLASSIFICATION FOR SEPARATION							
APPROPRIATION SYMBOL AND FUND:	OBJECT:	HURRAID:	SDB:	ACTORIZING:	TRANS:	PROPERTY:	COST:
174105.2750 M700014CTA16Y7	217	41690	067443	2D	000000	000000000000	000000000000
174105.2750 M700014CTA16Y7	220	41690	067443	2D	000000	000000000000	000000000000
<input type="checkbox"/> DATA CONTAINED IN MCTFS IS CORRECT AND MAY BE USED TO SUBstantiate DEFERRED FOR TRAVEL CLAIM							
SIGNATURE OF COMMANDING OFFICER/CERTIFYING OFFICER: [REDACTED]							
DATE: [REDACTED]							
PART II - MARINE							
APPELLATE LEAVE ACTION (IF APPLICABLE)							
A. <input type="checkbox"/> I do <input type="checkbox"/> DO NOT elect payment _____ days RLE and _____ days SLE in connection with involuntary appellate							
B. In connection with voluntary appellate leave, I understand that I will remain in a pay status until my current leave balance of _____ days is used, and will enter an excess leave status thereafter.							
C. I understand that my leave balance of _____ days excess leave and that I will be charged pay and allowances for each day of excess leave.							
TRAVEL ELECTION							
<input checked="" type="checkbox"/> I DO NOT ELECT to be paid an advance separation travel allowance.							
<input type="checkbox"/> I ELECT to be issued a Government Transportation Request(s) for travel for myself and my dependents from _____ to _____ (City, State)							
<input type="checkbox"/> I ELECT to be paid advance travel allowances for myself and my _____ dependent(s) from _____ to _____ (City, State)							
Permanent Housing Address after separation: _____ (City, State)							
Phone Number after separation: _____							
E-MAIL Address after separation: _____							
The amount advanced is a partial advance and the remaining amount due will not be paid unless and until a travel claim is submitted for travel actually performed. Submit to: _____ (Complete address of the disbursing office paying the advance)							
I UNDERSTAND that in the event I or my dependents do not perform the travel as indicated above, or travel is performed for a lesser distance, an adjustment of the final amount due will be required. In the event I fail to file a travel claim upon completion of travel, the entire amount of the advance becomes due and payable to the United States Government.							
I UNDERSTAND that adjustments to my Master Military Pay Account (MMPA) may be processed after my separation and that any additional pay or indebtedness notification caused by adjustments will be provided to me. Allowance and pay checks or direct deposit payments received after separating must be returned to the Defense Finance & Accounting Service (DFAS), Cleveland, OH. I should contact the DFAS (877) 877-8777 if I have any questions.							
SIGNATURE OF MARINE: [REDACTED]							
DATE: [REDACTED]							